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TO: Assistant Commissioner of Patents
FAX NO.: 703-872-9315
FROM: EAMON J. WALL
DATE: 5/9/02
MATTER: Serial No. 09/458,321 Filed: 12/10/99
DOCKET NO.: DIVA/040
APPLICANT: Yong Ho Son et al.

The following has been received in the U.S. Patent and Trademark Office on the date of this facsimile:

<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Transmittal Letter (2 copies)
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/458,321	
	Filing Date	12/10/99	
	First Named Inventor	SON	
	Group Art Unit	2811	
	Examiner Name	Srivastava, V.	
Total Number of Pages in This Submission	8	Attorney Docket Number	DIVA/040

REQUESTS/ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final - Supplemental - Response to Advisory Action mailed 4/25/02 <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request - A one month extension of time is requested. <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Please charge the one month extension fee (\$55) to Applicants' Attorneys' Deposit Account No. 20-0782. The Commissioner is authorized to charge any underpayment or credit any overpayment of fee (including but not limited to any extension fees pursuant to 1.136(a)), to Deposit Account No. 20-0782. A duplicate copy of this Transmittal is enclosed.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Eamon J. Wall, Reg. No. 39,414	
Signature	<i>EJ Wall</i>	
Date	5/9/02	

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